

MENTAL HEALTH TRIAGE PERSONNEL GRANT

PROCESS INFORMATION REPORT

Report Date: March 31, 2016

County Name: Mariposa Contact Phone #: 209-966-2000

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Dowling

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1. Total Number of Triage Personnel Hired to Date

(Identify in Full-Time Equivalents FTEs)

| a. Total County Staff | 1.25 | FTEs |
|-------------------------|------|------|
| b. Total Contract Staff | 3 | FTEs |

2. Total Number for Each Type of Personnel Hired

(Identify in Full-Time Equivalents FTEs. If the staff hired do not fit the categories below, please specify in the "other" category)

| a. County Staff | | | |
|--------------------------|------|------|--|
| i. Case Managers | 1 | FTEs | |
| ii. Social Workers | | FTEs | |
| iii. Nurses | | FTEs | |
| iv. Clinicians | | FTEs | |
| v. Mental Health Workers | | FTEs | |
| vi. Peer Providers | | FTEs | |
| vii. Outreach Workers | | FTEs | |
| viii. Psychiatrists | | FTEs | |
| ix. Other | | | |
| Mental Health Supervisor | 0.25 | FTEs | |
| | | FTEs | |
| | | FTEs | |



| | | FTEs |
|--------------------------|---|------|
| b. Contract Staff | | |
| i. Case Managers | | FTEs |
| ii. Social Workers | | FTEs |
| iii. Nurses | | FTEs |
| iv. Clinicians | | FTEs |
| v. Mental Health Workers | 3 | FTEs |
| vi. Peer Providers | | FTEs |
| vii. Outreach Workers | | FTEs |
| viii. Psychiatrists | | FTEs |
| ix. Other | | |
| | | FTEs |

3. Identify Triage Locations for Service and Points of Access Currently Available with Staff Already Hired

(e.g., hospital emergency rooms, homeless shelters, mobile teams, etc.)

| Community | |
|-------------------------|--|
| Hospital Emergency Room | |
| Sheriff's Department | |
| County Jail | |
| BHRS Agency – On-Site | |
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| 4. | Comments |
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Please Email the completed form to mhsoac@mhsoac.ca.gov

If you have any questions about completing this form, please contact Peter Best, Manager, Triage Grant, Budget and Commission Support.

Email: Peter.Best@mhsoac.ca.gov

Phone #: (916) 445-8715